

Dear Sir / Ma'am,

Walter Redmond

C-07-4276-JW

I hope my letter finds you in good health and spirits, looking forward to the holidays. This is a follow-up correspondance regarding the foul, unsafe and unhealthy, unsanitary treatment I received a couple hours after surgery, which left me with 23 staples in my back, and a Jackson Pratt drain apparatus hooked to my side. It is quite obvious as the medical-staff and guards at this facility had no regard for my condition after surgery, that the city attorney feels the same way, denying my claim. I have a witness to the neglect I suffered, and look forward to pre-trial-discovery. Please accept my petition for in forma pauperis, that I may bring to light the conduct of certain individuals in the system. My case is pure unadulterated truth, and has merit. What happened happened, and a nurse and other patients witnessed it.

FILED

DEC - 4 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND SP

Sincerely
Walter Redmond
11-29-07

The standard for "deliberate indifference" in medical care cases is the same two-part standard used in cases challenging conditions of confinement in prison. To prove deliberate indifference, you must show that (1) prison officials knew about your serious medical need and (2) failed to respond reasonably to it. *ESTELLE*, 429 U.S. at 104. *Gutierrez v. Peters*, 111 F.3d 1364, 1369 (7th Cir. 1997). To increase your chances of receiving proper care, and succeeding in a constitutional challenge to your medical care, you should keep careful records of your condition, and your efforts to notify prison officials. Take advantage of sick-call procedures at your prison, and report your condition, even if you do not think officials will help you. Although courts will not find "deliberate indifference" just because a prison "should have known" that you had a serious medical need, they will assume that prison officials knew about your condition when it was very obvious. *FARMIER v. BRENNAN*, 511 U.S. 825, 842 (1995).

CITY AND COUNTY OF SAN FRANCISCO



DENNIS J. HERRERA
City Attorney

OFFICE OF THE CITY ATTORNEY

Naomi Willis
Investigator

DIRECT DIAL: (415) 554-3893
E-MAIL: NAOMI.WILLIS@SFGOV.ORG

November 7, 2007

Walter Redmond #2324794
P.O. Box # 67
County Jail #5
San Bruno, CA 94066

RE: Claim of Walter Redmond / Claim Number 08-00883

Department: DPHJAIL DPH Jail Medical Services
Incident Date: September 14, 2007
Claim Filed: October 15, 2007

NOTICE OF ACTION UPON CLAIM

PLEASE TAKE NOTICE THAT

An investigation of your claim filed with the City and County of San Francisco has revealed no indication of liability on the part of the City and County. Accordingly, your claim is DENIED.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a state court action on this claim. See Government Code section 945.6. This time limitation applies only to causes of action arising under California law for which a claim is mandated by the California Government Tort Claims Act, Government Code sections 900 et. seq. Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

DENNIS J. HERRERA
City Attorney

A handwritten signature in black ink that reads "Naomi Willis".

Naomi Willis
Investigator

**San Francisco County Jail Facility
Prisoner Grievance Form**

Type of Grievance

(Place an X in the corresponding category)

EXTREMELY URGENT NEED PAIN MEDICATION

Date / Time:

Facility:

Deputy / Star#:

Code

Log Number

117082

2B-01

Classification

Psych Services

Telephone

Jail Medical Services

Food Services

Other

Prisoner's Name: WALTER REDMOND

Jail # C.J. # 5

Cell # 2B @ # 10

Grievance (Please be specific: time, date, etc.) I HAVE CONTINUALLY BEEN IN PAIN SINCE 10-12-07, AND IT IS ON RECORD I HAVE AILMENTS, AT GENERAL HOSPITAL FOR MY LOWER BACK, NECK ARTHRITIS, AND I AM NOT GETTING ANY PAIN MEDICATION FOR TWO WEEKS. I HAVE BACK PAIN FROM SURGERY ALSO THAT HURTS, BUT MY NECK HAS BEEN VERY BAD FROM IT BEING TWISTED AT MY ARREST. PLEASE GET MY PAIN MEDICATION PRESCRIBED. I'M 50 YEARS OLD, I HAVE A BAD TOOTH THAT NEEDS EXTRACTION ALSO. I CAN'T BELIEVE I'VE BEEN TWO WEEKS WITHOUT ANY MEDICATION, AND I HAVE ANOTHER LIPOMA IN THE MIDDLE OF MY BACK, IT HURTS, AND I WAS TOLD I WOULD BE SEEN SOON.

Prisoner's Signature Walter Redmond 10/29/07

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature Walter Redmond 10/29/07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Signature:

Prisoner's Signature:

Supervisor's response:

Date:

 Satisfied With Response Prisoner Appeal

Signature:

Prisoner's Signature:

Facility Commander response:

Date: 10/31/07

 Satisfied With Response Prisoner Appeal

you are scheduled to see the doctor

Signature:

Original (Facility Copy)

Date:

Gold (Response To Prisoner)

Upheeld Grievance Response

Pink (Prisoner Copy)

**San Francisco County Jail Facility
Prisoner Grievance Form**

PRACTITIONER

11-7-07

EXTREMELY URGENT

Type of Grievance

(Place an X in the corresponding category)

Classification
Psych Services
Telephone

Jail Medical Services
 Food Services
 Other

Date / Time: 11/7/07 1200h
Facility: CJA S
Deputy / Star# Carmano #1512
Code
Log Number 117082

Prisoner's Name: WALTER REDMOND **Jail #** 2324794 **Cell #** 2B @ #1

Grievance (Please be specific: time, date, etc.) I HAVE BEEN WAITING SINCE OCTOBER 12TH TO SEE A DOCTOR TO HAVE MY PAIN MEDICATION STARTED. I HAVE A RUPTURED DISK IN MY LOWER BACK THAT GIVES PAIN ALL THE TIME. ALSO MY NECK WAS IRITATED DURING MY ARREST ON 7-15-07 AND I WENT TO THE HOSPITAL FOR 8 HOURS. MY NECK GETS STIFF PERIODICALLY AND STARTS HURTING SEVERELY AND I HAVE NOT BEEN SEEN CONCERNING MY NECK FOR FOUR MONTHS. WHAT THE HELL IS GOING ON? MY NECK WAS DAMAGED AND IT HURTS AND I WOULD LIKE TO SEE A DOCTOR. I HAVE RECORDS TO GENERAL HOSPITAL CONCERNING MY BACK AND NECK AND THIS IS ON YOUR COMPUTER RECORDS I'M SURE. PLEASE CALL ME DOWN TO SEE DOCTOR TO GET ALL THIS DONE. I NEED MY MEDICATION.

Prisoner's Signature Walter Redmond 11/7/07

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature Walter Redmond 11/7/07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Pf is already on the s/c list to be evaluated by Dr. Jacobson.

Signature:**Date:** 11/7/07**Prisoner's Signature:** Satisfied With Response Prisoner Appeal**Supervisor's response:**

He has Mr. Redmond, on one scheduled with a follow-up appointment with the physician. Thank you

Signature:**Date:** 11/7/07**Prisoner's Signature:** Satisfied With Response Prisoner Appeal**Facility Commander response:**

You are scheduled to see the doctor

Signature:**Date:** 11/21/07 Upheld Grievance Response

Original (Facility Copy)

Gold (Response to Prisoner)

Pink (Prisoner Copy)

TO: NURSE PRACTITIONER
10/29/07

San Francisco County Jail Facility

Prisoner Grievance Form

EXTREMELY URGENT.

Type of Grievance

(Place an X in the corresponding category)

Classification
 Psych Services
 Telephone

Jail Medical Services
 Food Services
 Other

Date / Time:

10/29/07 11:50

STH

Deputy / Star#

LUNA/152 1550

Code

Log Number

114082

Prisoner's Name: WALTER REDMOND

Jail # 2324794

Cell # 2B @ #10

Grievance (Please be specific: time, date, etc.) I HAVEN'T BEEN CALLED FOR MEDICAL CHECK-UP FOR 3 WEEKS, NOT FOR THIS BAD UPPER WISDOM TOOTH OR BECAUSE THEY HAVE CUT-OFF MY PAIN MEDICATION. I HAVE RECORDS AT S.F. GENERAL FOR RUPTURED LOWER DISK IN MY BACK, FROM A WORK ACCIDENT IN EARLY 80'S WHICH TO THIS DAY CAUSES SEVERE PAIN. I AM STILL HAVING PAIN FROM MY SURGERY, AND I HAVE ARTHROSES. MAXINE-HALL CLINIC HAS A FILE ON ME IN FILMOR. I'M 51 YEARS OLD AND I TAKE PAIN MEDICATION AT HOME. YOU'VE ALLEGED TO REQUEST MY RECORDS THUS FAR. HOW LONG DO I HAVE TO ENDURE PAIN.

Prisoner's Signature

Walter Redmond

10/29/07

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature

Walter Redmond

10/29/07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Signature:

Date:

Prisoner's Signature:

 Satisfied With Response Prisoner Appeal

Supervisor's response:

Walter Redmond, I am fine.
 Other than to see the physician for
 your medical problem.

Signature:

Date:

Prisoner's Signature:

 Satisfied With Response Prisoner Appeal

Facility Commander response:

You are scheduled to see the doctor

Signature:

Dept. 1B

Date:

11/21/07

 Upheld Grievance Response

Original (Facility Copy)

Gold (Response To Prisoner)

Pink (Prisoner Copy)